PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information judges it ritishays a valid OMB control number Under the Panerwork Reduction Act of 199 Effective on 12/08/2004. PADENASS.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Complete if Known **Application Number** 10/607,921 FEE TRANSMITTA Filing Date June 27, 2003 For FY 2005 First Named Inventor **Bob McGuire Examiner Name** H. Dang Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3672 TOTAL AMOUNT OF PAYMENT 180.00 15912/09030 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check __Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 50-1196 Deposit Account Name: Nelson Mullins LLP et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 N/A Design 200 100 100 130 50 65 N/A Plant 200 100 300 150 160 80 Reissue 300 500 600 N/A 150 250 300 200 **Provisional** 100 0 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 Each independent claim over 3 (including Reissues) 100 360 180 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims** Total Claims 24 Extra Claims Fee (\$) -20-or HP = 25.00 0.00 Fee (\$) Fee Pald (\$) HP = highest number of total claims paid for, if greater than 20. N/A N/A Indep. Claims 4 Extra Claims Fee (\$) Fee Paid (\$) 100.00 - At HP = 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x 0 0 N/A 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) N/A \$180.00 Other (e.g., late filing surcharge): Information Disclosure Statement

SUBMITTED BY			
Signature	And -	Registration No. 38,446	Telephone (404) 817-6165
Name (Print/Type) Lloyd G. Farr			Date 5- 13-05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CPR 1.135. The information is required to blocked in finish by the public which is to the Carlo of the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.